Schodula R-D

IT	EMIZED DISBURSEMENTS	Use separate sche for each category of Detailed Summary	of the (FOR LINE N (check only of 23 27b X		PAGE 36 / 196 26 27a 28c 29
	v Information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) Chris Dodd For President Inc			any person for	the purpose of soli	citing contributions
<u></u>	Full Name (Last, First, Middle Initial) Mrs. Lisa Maria Falcone				Date of Disbursen	
	Mailing Address 22 East 67th Street				08 / 21	2008
	City New York	State Zip Coo NY 10021			Amount of Each D	Disbursement this Period
	Purpose of Disbursement Refund Candidate Name			ategory/ Type		2300.00
	Office Sought: House Dis Senate President State: District:	bursement For: 200 Primary X G Other (specify)		Туре		
	Full Name (Last, First, Middle Initial) Mr. Philip A Falcone				Date of Disbursen	
	Mailing Address 22 East 67th Street				08 / 21	2008
	City New York	State Zip Coo NY 10021			Amount of Each D	Disbursement this Period
	Purpose of Disbursement Refund					2300.00
	Candidate Name			tegory/ Type		
	Office Sought: House Dis Senate President State: District:	bursement For: 200 Primary X G Other (specify)	08 eneral			
	Full Name (Last, First, Middle Initial) David Fialkow				Date of Disbursen	
	Mailing Address 232 Franklin St				08 / 21	2008
	City Newton	State Zip Coo MA 02458			Amount of Each D	Disbursement this Period
	Purpose of Disbursement Refund					2300.00
	Candidate Name			tegory/ Type		
	Senate President	bursement For: 200 Primary X G Other (specify)	08 eneral			
	State: District:					